

FEE TRANSMITTAL FOR FY 2006

Effective on 10/01/2005. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1,530.00

Complete if Known:

Application No. 09/405,826
 Filing Date September 24, 1999
 First Named Inventor Annette Wagner
 Examiner Name Beamer, Temica M.
 Art Unit 2617
 Attorney Docket No. 82225P2813D3

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify)

Deposit Account

Deposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

- Charge fee(s) indicated below.
- Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.
- Charge fee(s) indicated below except for the filing fee
- Credit any overpayments.
- Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form.
 Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1011	300	2011	150
1111	500	2111	250
1311	200	2311	100
1012	200	2012	100
1112	100	2112	50
1312	130	2312	65
1013	200	2013	100
1113	300	2113	150
1313	160	2313	80
1004	300	2004	150
1114	500	2114	250
1314	600	2314	300
1005	200	2005	100
Provisional application filing fee			
SUBTOTAL (1) \$ 0.00			

2. EXCESS CLAIM FEES

<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fees Paid (\$)</u>		
Total Claims _____ - 20 or HP = _____	X _____ = _____			
HP = highest number of total claims paid for, if greater than 20				
Independent Claims _____ - 3 or HP = _____	X _____ = _____			
HP = highest number of independent claims paid for, if greater than 3				
Multiple Dependent Claims	_____ = _____			
Large Entity Small Entity				
Fee Fee Fee Fee	Code (\$)	Fee Fee	Code (\$)	<u>Fee Description</u>
1202 50 2202 25				Each claim over 20
1201 200 2201 100				Each independent claim over 3
1203 360 2203 180				Multiple dependent claims, if not paid
1204 200 2204 100				Reissue: each claim over 20 and more than in the original patent
1205 50 2205 25				Reissue: each independent claim more than in the original patent
SUBTOTAL (2) \$ <u>0.00</u>				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

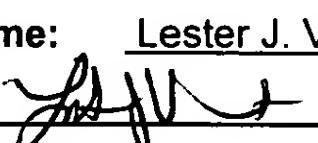
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	- 100 = _____ / 50 = _____ (round up to whole number)	X _____		

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description:</u> Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
Fee Fee Fee Fee	Code (\$)	
1081 250 2081 125		Utility
1082 250 2082 125		Design
1083 250 2083 125		Plant
1084 250 2084 125		Reissue

SUBTOTAL (3) \$ 0.00

FEE CALCULATION (continued)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee	Fee	Fee	
Code	(\$)	Code	(\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1813	8,800	1813	8,800
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1100	2503	550
1462	400	1462	400
1463	200	1463	200
1464	130	1464	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1814	130	2814	65
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1504	300	1504	300
1505	300	1505	300
1803	130	1803	130
1808	130	1808	130
1454	1,370	1454	1,370
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (4) \$ 1,530.00			
*Reduced by Basic Filing Fee Paid			
SUBMITTED BY:			
Typed or Printed Name: <u>Lester J. Vincent</u>			
Signature: <u></u>	Date: <u>June 29, 2006</u>		
Reg. Number: <u>31,460</u>	Telephone Number: <u>408-720-8300</u>		

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450